



Indiana
Department
of
Health

STATE BUDGET COMMITTEE BIENNIUM BUDGET PRESENTATION

Kris Box, MD, FACOG
State Health Commissioner

December 15, 2020

OUR MISSION

To promote, protect, and improve the health and safety of all Hoosiers.

OUR VISION

Every Hoosier reaches optimal health regardless of where they live, learn, work, or play.



Agency Structure

- State Health Commissioner
 - Deputy Health Commissioner
 - Chief of Staff
 - Chief Medical Officer
 - Assistant Commissioners (4)
- Four Commissions
 - Health and Human Services
 - Consumer Services & Health Care Regulation
 - Laboratory Services
 - Public Health Protection

Kristina Box, MD
State Health Commissioner

<p>Pam Pontones, MA <i>Dep. Comm. & State Epidemiologist</i></p>	<p>Lindsay Weaver, MD <i>Chief Medical Officer</i></p>	<p>Shane Hatchett, MS <i>Chief of Staff</i></p>	<p>Eldon Whetstone, JD <i>Assist. Comm., Health & Human Services</i></p>	<p>Matt Foster, JD <i>Assist. Comm., Consumer & Health Care Regulation</i></p>	<p>Lixia Liu, PhD <i>Assist. Comm. & State Lab Director</i></p>	<p>Shirley Payne, PhD <i>Assist. Comm., Pub. Health Protection</i></p>
<ul style="list-style-type: none"> • Public Health Performance Mgmt • Epidemiology Resource Center • HIV, STD, Viral Hepatitis 	<ul style="list-style-type: none"> • Minority Health & Wellness • Tobacco Prevention & Cessation • Oral Health 	<ul style="list-style-type: none"> • Deputy Chief of Staff & Communications • Legislative & External Affairs • Finance • Technology & Compliance • Data & Analytics • Legal Affairs • Human Resources • Healthy Hoosiers Foundation 	<ul style="list-style-type: none"> • Women, Infants, & Children • Maternal & Child Health • Children's Special Healthcare • Women's Health • Chronic Disease & Rural Health • Nutrition & Physical Activity • Trauma & Injury Prevention • Fatality Review & Prevention • Center for Deaf & Hard of Hearing 	<ul style="list-style-type: none"> • Long-term Care • Survey Support and Guidance • Acute & Continuing Care • Complaints & Incidents • Program Performance & Development • Radiology, Weights, & Measures • Vital Records 	<ul style="list-style-type: none"> • Chemistry • Clinical Microbiology • Environmental Microbiology • Virology & Serology • Biological Preparedness & Outreach • Quality Assurance 	<ul style="list-style-type: none"> • Environmental Health • Food Protection • Emergency Preparedness • Lead & Healthy Homes • Immunizations

Public Health in Indiana

Measure	Indiana	National
Overall health ranking ¹	41	--
% of adults with hypertension ¹	35.2	32.2
% of adults with diabetes ¹	12.5	10.9
% of adults who have obesity ¹	34.1	30.9
Drug-related deaths per 100k ¹	23.7	19.2
Use of tobacco ¹	21.1	16.1
Hepatitis C Rate per 100k ²	4.0	1.2
HIV viral suppression rate ³	64 (2019)	53 (2016)

¹From America's Health Rankings, 2019, at <https://www.americashealthrankings.org/>

²From CDC's Hepatitis C Tables and Figures, 2018, at <https://www.cdc.gov/hepatitis/statistics/2018surveillance/HepC.htm#Figure3.1>

³IDOH HIV Division Data, 2019 and CDC, 2016 data: <https://www.hiv.gov/federal-response/policies-issues/hiv-aids-care-continuum>



Agency Priorities



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Indiana's Infant Mortality Rate

- 2019 preliminary infant mortality data show **lowest rate since 1900** (6.5 per 1,000 live births [2019]; 6.8/1,000 [2018])
 - Non-Hispanic African American rate **decreased** to 11 (from 13)
 - Latino/Hispanic rate **increased slightly** to 6.4 (from 6.1)
- Completed first maternal mortality report
 - Results were announced at Labor of Love Summit on Dec. 10 with report to follow
 - Most common cause of death was related to SUD
 - Working with Next Level Recovery to convene around this topic

OB Navigator / My Healthy Baby

- OB Navigator program, now known as My Healthy Baby, officially went live in January, with a goal of rolling out to 20 counties in 2020
- Currently in 22 counties, 2 more than initially planned
 - The project had attempted to reach 6,895 women via phone and letter
 - The project had successfully made contact with 2,108 (30.6%) women
 - 1,176 women (55.8%, of women with whom we made contact) have agreed to be referred to a home visiting program in their community
- Nearly \$1 million granted to local home visiting programs
- Nearly \$1.5 million granted to health systems to support advance practice OB providers in OB deserts

Smoking Cessation and Vaping

Smoking cessation

- More than 4,000 people quit smoking in FY 2020 as result of Indiana Tobacco Quitline for an estimated ROI of \$17.8 million

Vaping

- Launched Behind the Haze campaign to encourage youth to rethink vaping behaviors, held Youth Action Day at Statehouse in January 2020
- Completed three message campaigns between Nov. 2019 and Nov. 2020
- The campaigns resulted in 42 million impressions per campaign.
- Six-month follow-up resulted in 60% awareness among all youth and 68% awareness among vape users
- Majority of vape users agree ads were informative, taught them a new fact about vaping
- Effectiveness scores per campaign were strong at 3.5 to 3.7 (benchmark is 3.0)

Opioids

Data Updates

- The number of all drug overdoses and opioid-involved overdoses increased from 2018 to 2019.
 - All drug overdoses – 2018: 1,626; 2019: 1,695
 - Opioid-involved overdoses – 2018: 1,098; 2019: 1,246
- Preliminary 2020 data show a 25.6% increase in fatal overdoses (all drugs) from 2019 (January to June). [2019: 819; 2020: 1,029]
- ED visits due to an opioid overdose have increased by 52.7% in 2020 (January to June). [2019: 2,274; 2020: 3,473]

Opioids (cont'd)

Programs & Initiatives

- Naloxone distribution continued through 2020
 - 25,000 doses distribute to 54 local health departments
 - 3,400 doses distributed to 97 rural first responder agencies
- 16 Overdose Fatality Review teams have been established throughout the state, meeting virtually during the pandemic
- Providing technical assistance and funding through Overdose Data to Action federal grant to high-burdened counties to increase their capacity for substance use prevention, linkage to care, and surveillance efforts
- Strengthening IDOH lab capacity for ED sampling project to analyze for opioids in all populations and clinical matrices to address overdose prevention, drug exposed infants and mortality, and alert law enforcement to emerging hazards

HIV/Hepatitis C

HIV

- In 2019, Indiana was home to just over 12,361 people living with HIV, with 549 newly diagnosed.
- The average cost for HIV care is \$24,000 per year or up to \$500,000 in medical costs over an individual's lifespan.

Hepatitis C (HCV)

- From 2015 to 2019, Indiana saw a 135% increase in newly confirmed acute HCV cases from 138 to 325.
- In 2019, Indiana's acute HCV rate increased to 4.8 cases per 100,000.
- Curative treatment for HCV can cost between \$30,000 and \$94,000 per person and the average cost billed for a liver transplant is \$577,000.

End the Epidemics (EtE)

- Developed a 10-year statewide roadmap to eliminate HIV and HCV through collaboration with healthcare and community partners across the state
 - Aligns with the national initiative Ending the HIV Epidemic: A Plan for America
- Four pillars of Indiana's plan:
 - Diagnose as early as possible
 - Treat quickly and effectively
 - Prevent new transmissions through proven interventions, such as PrEP and syringe service program
 - Respond quickly to potential outbreaks
- Cross-cutting strategies include: Reducing Stigma, Building the Workforce, Whole-Person Centered Approach to Care, Inclusion of People With Lived Experience
- Internally developing a 5-year division strategic plan to align with EtE priorities

Pandemic Response

Several lines of effort this year and ongoing:

- Personal Protective Equipment (PPE) distributions
- Testing
- Case investigation and contact tracing
- Technical assistance and guidance
- Vaccines
- Data analysis

Pandemic Spending

Funding sources:

- CARES Act
- Coronavirus Relief Funds
- CDC Grants
- Federal Program Grants
- State general and dedicated funds

Function/Activity	Total
Specimen Processing	\$30,921,189
Specimen Collection	\$27,276,717
Contact Tracing	\$21,576,728
Personnel Support	\$8,604,895
Data Analysis & Sharing	\$4,023,095
Local Food & Nutrition Support	\$3,141,474
Community Health Service	\$2,855,186
Prevalence Study	\$1,908,593
Logistical & Operations Support	\$500,000
Total	\$100,807,876

Figures represent invoices paid by Health as of December 7, 2020

Health Equity

- Social determinants – only 10-20% of clinical care affects health outcomes
- How a child lives impacts their health later in life
- Design systems, programs, and grants to promote equity
- Partner with communities and give them agency to direct the design

10 Essential Public Health Services

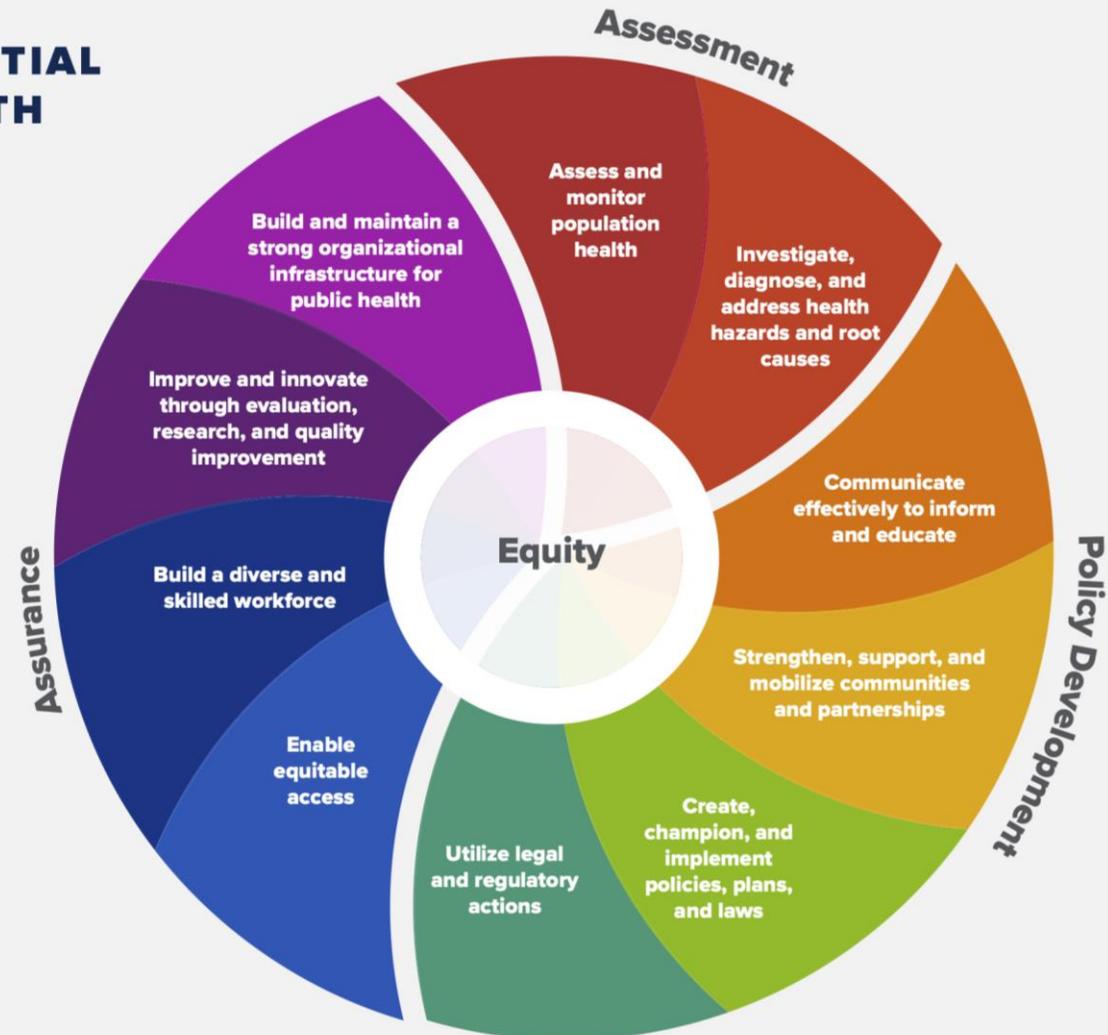
Equity has been added to the core of the EPHS framework.

Source: <http://phnci.org/national-frameworks/10-ephs>

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

The 10 Essential Public Health Services provide a framework for public health to protect and promote the health of all people in all communities. To achieve optimal health for all, the Essential Public Health Services actively promote policies, systems, and services that enable good health and seek to remove obstacles and systemic and structural barriers, such as poverty, racism, gender discrimination, and other forms of oppression, that have resulted in health inequities. Everyone should have a fair and just opportunity to achieve good health and well-being.



Created 2020

Chronic Disease and WIC

- State Loan Repayment Program (SLRP) awarded 60 clinicians ~\$1.2 M in loan repayment, including clinicians working in behavior health, substance use disorder, maternal health, and primary care.
- Forty community health centers that collectively serve more than 600,000 Hoosiers participated in the Indiana Primary Care Learning Collaborative in SFY 2020, leading to a 10% increase in health screenings.
- Since 2018, Indiana has tripled participation in National Diabetes Prevention Programs within the state, totaling 9,280 participants as of July 2020.
- WIC saw a substantial increase in program participation from FFY19 to FFY20, increasing our reach into rural communities. Compared to FFY19, WIC's participation rates for the first two quarters of FFY 20 demonstrated an increase in caseload of over 6,000 clients.



Agency Updates



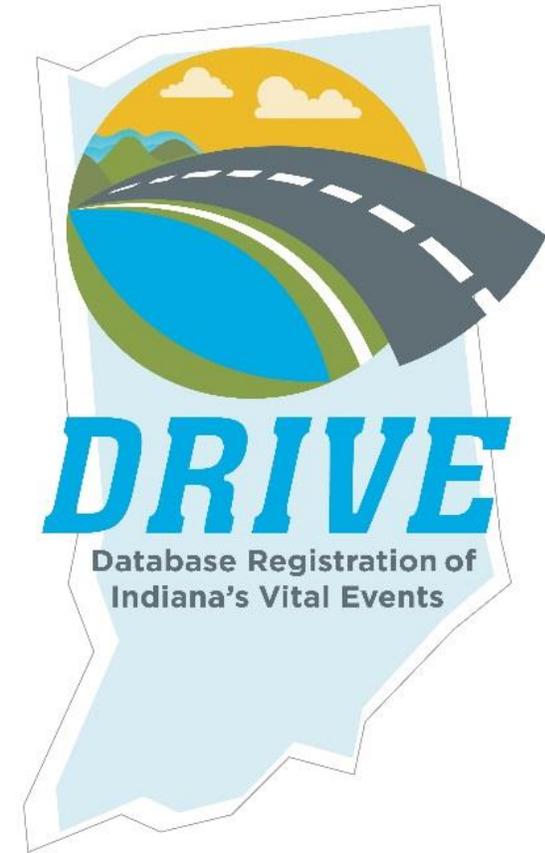
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Sickle Cell

- Consulted with the key stakeholders:
 - Indiana Minority Health Coalition
 - Indiana Hemophilia and Thrombosis Center (IHTC)
 - health care providers, and community-based providers serving populations with sickle cell disease (SCD) and sickle cell trait (SCT)
- Preliminary data show ~45 Hoosier infants are born each year with Sickle-Cell Disease or another hemoglobinopathy.
- Report will be finalized in early 2021.
- Plan to incorporate newborn screening results into CHIRP to allow individuals and their families to access results for SCD and SCT.

Vital Records

- New birth and death registries planned go-live January 2021
- Replaces outdated systems with web-based solution
- Greater self-service and integrates with Access Indiana



Strategic Planning and Accreditation

- Current strategic plan runs 2018-20
- Began new plan process last year; next plan will run 2021-5
- State Health Assessment and State Health Improvement Plan will be updated next year
- Aligned with Healthy People 2030
- Accreditation site visit was in February
 - Several follow up items to resubmit by end of the year
 - Final decision by next summer

Data and Analytics

- Reorganizing data functions into one office
- Hired a Chief Data Officer in September
- Agency-wide review of data infrastructure and systems by outside consultant
 - Final report and stakeholder input will inform direction of the office
 - Will help document various efforts currently in place and gaps that exist



Budget Request FY2022-23



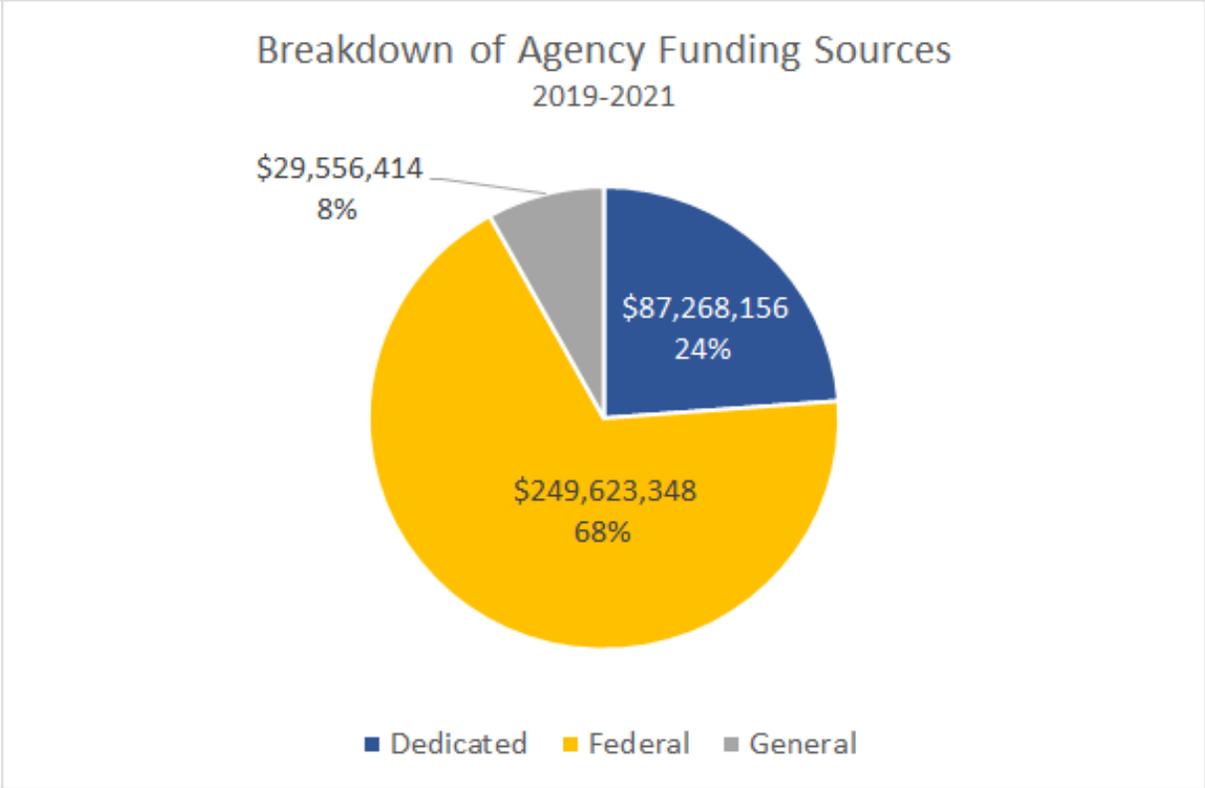
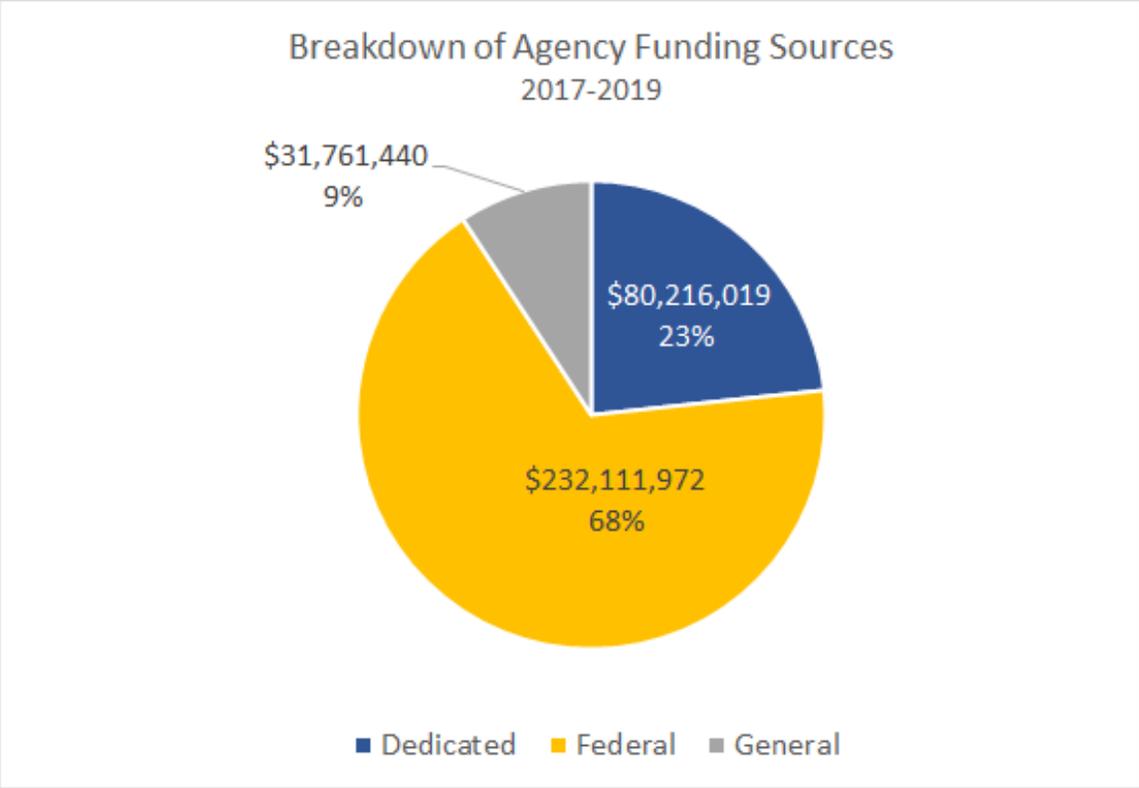
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State Fiscal Year	Total Appropriation (General & Dedicated)
SFY 2020 Appropriation	\$117.3 million
SFY 2022/2023 Base Budget	\$102.2 million
SFY 2022 Request	\$109.9 million
SFY 2023 Request	\$109.9 million



Budget Request 2022-23

Funding Sources



Change Packages

1. Children With Special Health Care Needs

- Agency is mandated payor of last resort by IC 16-35-2 and 410 IAC 3.2
- Costs have continued to increase
- Requesting an appropriation of \$14.95M

2. Medicare-Medicaid Certification

- IDOH is the designated state survey agency
- Required by agreement with CMS to perform federal surveys and provide state match. Indiana Code requires us to survey licensed health care facilities on a schedule based on the type of facility. This fund bears the cost of both of those requirements.
- Request to continue funding levels at \$5.07M and forgo the 15% reduction to the base per instructions

Change Packages (cont'd)

3. Local Health Maintenance Fund for Local Health Departments

- Provides funding to local health departments for the development of new and/or expanded services in ten basic public health areas stipulated in the law and cannot supplant existing funding.
- Funding is dependent on a formula based upon county populations. To reduce appropriation, the local entities would receive less funding.

4. Local Health Department Trust

- Provides funding to local health departments who apply and are approved to provide public health services. Funds can only be applied for the development of new and/or expanded services in the 3 priority public health areas stipulated in the law and cannot replace existing funding.
- Populations are served based on health needs as determined: 1) by a community assessment of need, 2) local health standards, or 3) community need as determined by the staff of the local health department and the local board of health.

Change Packages (cont'd)

5. Minority Health Initiative & Minority Epidemiology

- Maintain current funding levels so we can conduct research and provide health data concerning minority populations in Indiana and provide technical assistance to address the elimination of health disparities. The target population is approximately 21 % of Indiana residents who are minorities.
- In partnership with the Indiana Minority Health Coalition, funds minority health programs, researches initiatives, and coordinates local minority health coalitions, among many other activities.

6. Community Health Centers

- Maintain current funding levels to provide comprehensive primary health services through community-based health centers located in medically underserved areas of the state.
- CHCs provide care to over 500,000 Hoosiers in over 120 locations throughout the state to anyone regardless of their ability to pay. In many rural communities, state-funded CHCs are the only primary health care providers.

Recommendations

1. Allow greater flexibility with TB hospital funds
 - This fund is only accessed when qualifying hospitalizations occur; however, TB is not primarily treated in a hospital-based setting. This means we often have TB-related expenses on our general fund, but the TB hospital funds remain unspent.
2. Consolidate duplicative or similar funds
 - The Department has approximately 70 funds. Several of them are duplicative or serve similar populations. Consolidating funds would make managing them easier and provide greater economies of scale for key programs.



Questions?



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